

N.B.—FALL'S PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH				State File No. <u>8</u>	
County <u>Apache</u>		State <u>Arizona</u>		Registered No. _____	
District or Township _____		or Village <u>St. Johns</u>		or _____	
City _____		No. _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Frank L. Plumb</u>					
(a) Residence. No. _____ (Usual place of abode) St. _____ Ward _____					
(If non-resident, give city or town and State)					
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>male</u>	<u>white</u>	(Write the word)			
		<u>Infant</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>Nov. 5, 1928</u>					
7. AGE	Years	Months	Days	IF LESS than day hrs. or min.	
		<u>14</u>	<u>5</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work _____					
(b) General nature of industry, business or establishment in which employed (or employer) _____					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>St. Johns</u>					
(State or country)					
10. NAME OF FATHER <u>Henry E. Plumb</u>					
11. BIRTHPLACE OF FATHER <u>St. Johns</u>					
(State or country)					
12. MAIDEN NAME OF MOTHER <u>Alda Curtis</u>					
13. BIRTHPLACE OF MOTHER <u>Eden, Arizona</u>					
(State or country)					
14. Informant <u>Mr Plumb</u>					
(Address) <u>St. Johns, Ariz</u>					
15. Filed <u>19</u> <u>JR Amey</u> Registrar					
16. DATE OF DEATH <u>Jan 20</u> 19 <u>30</u>					
Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from <u>Jan 19</u> 19 <u>30</u> to <u>Jan 20</u> 19 <u>30</u>					
that I last saw him alive on <u>Jan 20</u> 19 <u>30</u>					
and that death occurred, on the date stated above, at <u>3.9</u> m.					
The CAUSE OF DEATH* was as follows:					
<u>Cerebro Spinal Meningitis</u>					
(duration) yrs. mos. <u>1 1/2</u> ds.					
CONTRIBUTORY (Secondary) <u>Hypertensive type</u>					
(duration) yrs. mos. ds.					
18. Where was disease contracted					
If not at place of death? <u>Spinal puncture & Serum</u>					
Did an operation precede death? <u>No</u> Date of <u>Jan 19-30</u>					
Was there an autopsy? <u>No</u>					
What test confirmed diagnosis? <u>Mening. cocci found</u>					
(Signed) <u>E. J. Powell</u> M. D.					
<u>Jan 20</u> 19 <u>30</u> (Address) <u>St. Johns Ariz</u>					
* State the Disease Causing Death, or in Deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL			DATE OF BURIAL		
<u>St. Johns, Arizona</u>			<u>Jan 21, 1930</u>		
20. UNDERTAKER			ADDRESS		
<u>neighbors</u>			<u>St. Johns, Ariz</u>		